



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR
APPLICATION TO ACT AS A
VIATICAL SETTLEMENT BROKER
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-4318
Fax: (225) 219-9322
E-Mail Address: mboutwell@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 4) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 5) All certified documents required in the application must be dated within ninety (90) days of submittal of the application and all certifications must be original.
- 6) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

7) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.

8) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

Submitting this application to the Louisiana Department of Insurance does not in any way exempt a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact that office and make whatever arrangements may be necessary. The address and telephone number are given below.

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704

SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE

The signatures which appear on the final page of the application are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)....	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	the president and secretary
Association	the president and secretary
Partnership	two partners
Trust	two trustees
Any other	contact the Department for instructions

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing viatical settlement brokers in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect viatical settlement brokers can be found in that Title. For your convenience the applicable statutes and regulations have been included in this application packet. Copies of the complete Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.

**National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910**

Q: What is the time frame for the review of an application?

A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from thirty (30) to sixty (60) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. However, effective December 1, 1998 the forms are available to be downloaded from the Department's web site. From that site you have an option of either Micro Soft Word[®] or Adobe Acrobat Reader[®] format. The address for the web site is wwwldi.lidi.state.la.us.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.



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**APPLICATION TO ACT AS A
VIATICAL SETTLEMENT BROKER
IN THE STATE OF LOUISIANA**

General Information (Type or Print)

APPLICANT NAME: _____

FEIN NO.: _____ **DOMICILE:** _____

HOME OFFICE ADDRESS: _____

CONTACT NAME†: _____ **CONTACT TITLE:** _____

PHONE: _____ **FACSIMILE:** _____

CONTACT ADDRESS: _____

E-MAIL: _____

† This Office will only communicate with the named contact person.

Type of entity applying

☐ **INDIVIDUAL**

☐ **CORPORATION**

☐ **LIMITED LIABILITY CORPORATION**

☐ **PARTNERSHIP**

☐ **SOLE PROPRIETORSHIP**

☐ **OTHER** _____

SECTION 2 - FEES

Fees	
Application Fee	\$ 50.00
TOTAL	50.00

ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.

The review process will not begin until ALL fees are paid. Louisiana law does not allow for the fees to be paid after review of the application.

SECTION 3 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every applicant. **ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS**

1) Has the applicant ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever had a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant or any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the applicant ever been convicted of or pled guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is this license being obtained for the sole purpose of soliciting fund or financial back for a viatical settlement provider? If yes, identify the provider(s) for whom the applicant will be soliciting funding.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 4 - OTHER LICENSES

Below give a list of the states in which the applicant is doing business as a viatical settlement provider and indicate whether or not the applicant is licensed in that state.

[illegible]

SECTION 5 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, five percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. **THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT BROKERS.** You may reproduce this form as needed.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

SECTION 6 - EXHIBITS

1) PLAN OF OPERATION which addresses the following points;

- What markets does the applicant intend to target? What geographic areas?
- Who will produce business for the applicant and how will these persons be recruited, trained and compensated?
- What is the anticipated number of persons the applicant plans to have marketing its products or services?
- What is the total projected Louisiana business over the next five years?
- Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.
- Give a detailed description of the steps taken by the applicant to ensure immediate access to viator funds.
- Give a detailed description of the procedures used by the application for keeping all medical information confidential.
- Give a detailed description of the business experience of the applicant or its management which qualify the applicant to act as a viatical settlement broker

2) COPY OF THE ARTICLES OF INCORPORATION, PARTNERSHIP AGREEMENT, TRUST AGREEMENT OR OTHER SUCH ORGANIZATIONAL DOCUMENT of the applicant certified by the proper domiciliary official.

3) COPY OF THE BY-LAWS of the applicant certified as true and correct by the secretary of the company if a corporation, a partner, if a partnership, or other appropriate person.

4) CERTIFICATE OF COMPLIANCE issued and certified by the Louisiana Secretary of State (THIS REQUIREMENT SHALL NOT APPLY TO PARTNERSHIPS OR OTHER ENTITIES WHICH ARE NOT REQUIRED TO BE REGISTERED WITH THE OFFICE OF THE SECRETARY OF STATE.)

5) COPY OF THE DOMICILIARY CERTIFICATE OF AUTHORITY OR LICENSE certified by the proper domiciliary official. (TO BE SUPPLIED ONLY IF VIATICAL SETTLEMENT BROKERS ARE REQUIRED TO BE LICENSED IN THE STATE OF DOMICILE.)

6) COPIES OF ALL ADVERTISING OR SOLICITATION MATERIALS that the applicant uses or plans to use to attract potential viators or to otherwise market, promote or publicize its business or services.

7) APPOINTMENT OF AGENT FOR SERVICE OF PROCESS FORM fully completed. The proper form is attached (NON-RESIDENT APPLICANTS ONLY).

8) BIOGRAPHICAL AFFIDAVITS for all persons responsible for the conduct of affairs of the applicant. This will include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable. This form can be located on our web site www.lds.la.gov

SECTION 7 - GENERAL INFORMATION

- 1) If the applicant is an alien company, furnish the name, address, telephone number and e-mail address of its American legal counsel.

Phone #

E-mail:

- 2) Give the name and address of the person to whom all process should be forwarded by the Commissioner

- 3) Give the name and address, telephone number and e-mail address of the contact person or division to whom questions regarding contract and application forms should be directed.

Phone #

E-mail:

- 4) Give the name, address, telephone number and e-mail address of the contact person or division to whom questions regarding consumer complaints should be directed. If available, provide a toll-free telephone number.

Phone #

E-mail:

5. If available give the URL or world wide web address of the applicant

6. If available give the toll free number to which consumers may be directed for inquiries.

The question below will be used for statistical and informational purposes. The response to this question will have no bearing on the Department's decision in the matter of this application.

7. Does the applicant company have in place a plan, program or procedure designed to promote the employment and/or participation of minorities, women and/or persons with disabilities?

☐ YES☐ NO

If yes, provide an explanation of this plan, program or procedure below or attach a copy to this application.

[illegible]

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and say that all information
contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

Witness' Signature

Signature of Applicant or Authorized Representative

Witness' Printed Name

Printed Name and Title of Authorized Representative

Witness' Signature

Signature of Authorized Representative of Applicant

Witness' Printed Name

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

**ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE A
VIOLATION OF 18 USCA 1033 (a) (1).**

APPVSB5.2

All viatical settlement brokers listed below are hereby authorized to transact the business of viatical settlements as authorized by our company's license.

Company FEIN Number _____

Company Name and Address:

COMMISSIONER OF INSURANCE
 STATE OF LOUISIANA
 P. O. BOX 94214
 BATON ROUGE, LOUISIANA 70804-9214

☐ CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR
 AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.

	Disapproved Code (DOI Use)		Limited Code		Agent Name			Resident State	Fee
	↓	License Number	↓	EIN or Social Security N ^o	Last	First	Middle		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
20									

Comments: _____

Signature of Authorized Representative

Date

Fiscal Division Only	Agent's Licensing Only	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification _	
		Postmark Date	
		Date Processed	
		Initials	

INSTRUCTIONS FOR VIATICAL SETTLEMENT BROKERS

1. When an appointment form is submitted to our department a copy of the approved or disapproved appointments will be returned to your company. (You may wish to make a copy prior to submitting your appointment to our office.)
2. All viatical settlement provider information must be completed, including the company number.
3. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. **INCOMPLETE NAMES WILL BE DISAPPROVED.**
4. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner or officer in their individual name.

DISAPPROVED CODES			
A	Broker did not renew his/her license	I	License revoked
B	Invalid license number or name and number do not match	J	License suspended
C	See comments on front of appointment form		
D	Broker is not licensed		
E	Broker has a complaint on file		
F	Broker has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)		
G	Deceased individual		
H	License cancelled		

Know All Men By These Presents:

That _____
Full Legal Name of Applicant
of the City of _____, in the State of _____

having applied for a license to transact business as a viatical settlement broker in the State of Louisiana, in conformity with the laws thereof, does hereby make, constitute and appoint: (Check either A or B and provide requested information)

☐ A COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA OR HIS SUCCESSORS IN OFFICE.

OR

☐ B NAME OF AGENT _____

ADDRESS _____

Street or Post Office Box _____

City _____

State _____

Zip Code _____

as its true and lawful Agent, in and for the State of Louisiana, on whom all legal process against said person may be served in any action or proceeding, subject to and in accordance with all the provisions of the statutes and laws in said State of Louisiana, and such other acts as may be hereafter passed amendatory thereof and supplementary thereto, and said person does hereby authorize named Attorney to receive and accept service of process in all cases as provided for in the said laws and such service shall be deemed valid personal service upon said person. This appointment is to continue in force for the period of time and in the manner provided for in the statutes of the State of Louisiana.

Signature of Applicant or Authorized Representative

Printed Name of Applicant or Authorized Representative

NOTARY STATEMENT

BEFORE ME, the undersigned authority, personally came and appeared:

to me known to be the person described in and who executed the foregoing Appointment of Attorney to Accept Service of Process form and acknowledges that he/she executed it as his/her free act and deed.

Subscribed and sworn to before me, a Notary Public, at

State of _____

Parish/County of _____

This

Day	Month	Year

NOTARY SEAL

Signature of Notary

Print Name of Notary